PTG/98/06 (08-03) Approved for use through 7/31/2008, CNSI 0951-0032 U.S. Petent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Raduction Act of 1905, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Doctor Number 1009-02-01 (ZL730/01001) Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN CR **SMALL ENTITY** SMALL ENTITY (Cotumn 1) (Catumn 2) NUMBER FILED FOR NUMBER EXTRA RATE PEE RATE FEE BARICFEE .710 (37 CFR 1.15(a)) CR TOTAL CLAUSE 7 may 20 • 2 (37 CFR 1.16(c)) x 1/8" 486 X S OR MORPHNDENT CLAIMS CO7 OFR 1.15(0)) 2 60 X S . OR GT CFR 1,16(d)) MULTIPLE DEPENDENT CLAIM PRESENT • OR 356 \* If the difference in column 1 is less than zero, enter "O" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN **QR** (Column 3) (Column 1) (Column 2) **SMALL ENTITY BMALL ENTITY** CLANS HIGHEST REMAINING NUMBER PRESENT RATE RATE ADDI-TIONAL ADDI 旨 AFTER PREVIOUSLY EXTRA TIONAL AMENDMENT PAID FOR ree ree Total (27 CFR 1,1644) Minus D 7 2 0 X 3 X \$ • OR Minus independent GP CFR 1.10(ct) 0 X 3 X S OR FIRST PRESENTATION OF MILITIPLE DEPENDENT CLAIM (37 CFR 1.18(6)) +8 OR + 5 8 TOTAL. TOTAL O OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Cotumn 3) CLAIMS HIGHEST 8 REMAINING PRESENT NUMBER RATE ADD1 RATE ADDI 呂 APTER DOTRA TIONAL. TIONAL MENDMENT PAID FOR FEE FEE ENDM Total or ore 1.total Manus. O 0 X S OR Minus 0 0 XB OR FIRST PRESENTATION OF MARTIFLE DEPENDENT CLADA (DT CFR 1.10(07) OR TOTAL TOTAL <u>ත</u> ADD'L FEE OR ACO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS **HIGHEST** O PRESENT NUMBER REMAINING RATE ADDI-RATE ADDI-EXTRA AFTER PREVIOUSLY TIONAL. TIONAL AMENOMENT PAID FOR FEE FEE Total Minus OF OR LINES X S XB OR MONUS (D' CPN 1.1804) X S **QR** X \$ = FIRST PRESENTATION OF MULTIPLE DEPONDENT CLAIM (57 CFR 1.18(0)) OR TOTAL ADD'L FEE OR. ADD'L FEE \* If the entry in column 1 to less than the entry in column 2, write "O" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE to less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE to less than 2, enter "2".

The Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of Information is required by 37 CFR 1.16. The information is required to obtain or retain a boards by the purpose vector is to the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including pathoding, propering, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the around of time you require to complete this form and/or suggestions for reducing this burden, should be can't to the Chief information Officer, U.S. Petent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEE3 OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

 $<sup>^{\</sup>circ}$  if you need assistance in completing the form, call 1-600-PTO-9189 and select option 2.